CDC™

Public Health Practice

Public Health Preparedness and Response Capacity Inventory

A Voluntary Rapid Self-Assessment

Resource Dictionary

Version 1

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http://www.phppo.cdc.gov/od/inventory

Resource Dictionary

Active Surveillance

Solicitation of case reports by regularly contacting reporting sources. Requests for case reports include positive reports (cases) and negative reports (no cases).

B-Roll

Attention-grabbing footage containing compelling video. Together with sound bites, such footage can easily be aired by producers in news broadcasts.

Beds

Beds refers both to physical beds and the staff, equipment, and supplies necessary to care for patients occupying the beds.   In times of disaster, physical beds can come from often overlooked sources such as hotels, college dorms, and military barracks.

Biosafety in Microbiological and Biomedical Laboratories, 4th Edition (BMBL) (April 1999)

A U.S. Health and Human Services publication developed jointly by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). The publication describes the combinations of standard and special microbiological practices, safety equipment, and facilities constituting Biosafety Levels 1-4, which are recommended for work with a variety of infectious agents in various laboratory settings.

http://www.cdc.gov/od/ohs

Category A List Agents

Potential biological terrorism agents having the greatest potential for adverse public health impact with mass casualties. The Category A list agents are:

Variola major – Smallpox

Bacillus anthracis – Anthrax

Yersinia pestis – Plague

Clostridium botulinum (botulinum toxins) – Botulism

Francisella tularensis – Tularemia

Filoviruses and Arenaviruses (e.g., Ebola virus, Lassa virus) – Viral hemorrhagic fevers

http://www.cdc.gov/ncidod/EID/vol8no2/01-0164.htm

Core Legal Competencies for Public Health Professionals

Course work in public health law which consists of 10 print-based modules that explain the public health legal system, de-mystify legal language, and encourage the effective use of legal tools in forwarding public health goals. Since public health laws are different in every state, the course is designed so that it can be customized by a state (or region), with some of the content being provided by local legal experts.

http://www.publichealthlaw.net/Training/TrainingPDFs/PHLCompetencies.pdf

Crisis Communication

Communicating in the midst of disaster through skillful management of communication channels, message, timing, and delivery with the goal of de-escalating the crisis through information.

http://www.communicatewithpower.com/reference.htm

Critical Agents Lists

Lists of biological and chemical agents likely to be used in weapons of mass destruction and other bio-terrorist attacks.

http://www.bt.cdc.gov/Agent/Agentlist.asp
http://www.bt.cdc.gov/Agent/AgentlistChem.asp

Critical Incident Stress

Counseling for the emotional, physical, cognitive, and behavioral reactions, signs, and symptoms experienced by a person or group in response to a traumatic event outside of the ordinary range of human experiences. Such events are usually sudden and powerful, having sufficient emotional impact to overwhelm usually effective coping skills.

Data Modeling

The analysis of data objects used in a business or other context, such as public health, and the identification of the relationships among these data objects.

DEFCON (DEFense CONditions)

A series of defense/alert conditions that can be called in the event of a national emergency.

DEFCON 5 Normal peacetime readiness

DEFCON 4 Normal, increased intelligence and strengthened security measures

DEFCON 3 Increase in force readiness above normal readiness

DEFCON 2 Further increase in readiness, but less than

maximum readiness
DEFCON 1 Maximum readiness

http://www.fas.org/nuke/guide/usa/c3i/defcon.htm

Disaster Medical Assistance Teams (DMAT)

A Disaster Medical Assistance Team (DMAT) is a volunteer group of medical and paramedical professionals who have prepared themselves to assemble rapidly as a self-sufficient medical unit.

The basic unit of a DMAT is the patient care nucleus. Composed of physicians, nurses, rescue and support staff, this group provides both acute emergency and primary care to an affected population. Team members are trained to deliver medical and surgical care, and to stabilize victims at a disaster site until they can be evacuated to a receiving hospital. A DMAT is also equipped to provide primary care services in cases where communities may have lost their health care facilities. All individual DMAT members serve on a volunteer basis, bringing with them skills they practice in their daily work.

DMATs may be activated under a federal declaration of disaster in support of a National Disaster Medical System (NDMS) mission. DMATs are federal assets which can be deployed to regional disasters, nationwide disasters requiring several teams present at the disaster sites, and international disasters in nations requesting assistance from the United States.

Disaster Mortuary Operational Response Team (DMORT)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under Emergency Support Function #8 (ESF #8) to provide victim identification and mortuary services.

These responsibilities include:
- Temporary morgue facilities
- Victim identification
- Forensic dental pathology
- Forensic anthropology methods
- Processing
- Preparation
- Disposition of remains

In order to accomplish this mission, NDMS entered into a Memorandum of Agreement with the National Association for Search and Rescue (NASAR), a nonprofit organization, to develop Disaster Mortuary Operational Response Teams (DMORTs). DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster.

DMORT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all states, and the team members are compensated for their duty time by the Federal government as a temporary Federal employee. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims.

The DMORTs are directed by the National Disaster Medical System in conjunction with a Regional Coordinator in each of the ten Federal regions. Teams are composed of Funeral Directors, Medical Examiners, Coroners, Pathologists, Forensic Anthropologists, Medical Records Technicians and Transcribers, Finger Print Specialists, Forensic Odontologists, Dental Assistants, X-ray Technicians, Mental Health Specialists, Computer Professionals, Administrative support staff, and Security and Investigative personnel.

The Department of Health and Human Services (HHS)/ United States Public Health Service (USPHS) Office of Emergency Preparedness (OEP)/National Disaster Medical System (NDMS), in support of the DMORT program, maintains a Disaster Portable Morgue Unit (DPMU) at the OEP warehouse located in Gaithersburg, Maryland. The DPMU is a depository of equipment and supplies for deployment to a disaster site. It contains a complete morgue with designated workstations for each processing element and prepackaged equipment and supplies.

http://www.hhs.gov/news/press/2001pres/
   20010911c.html

Emergency Operations Center

The protected site from which state and local civil government officials coordinate, monitor, and direct emergency response activities during an emergency.

Federal Emergency Management Agency Guide to All-Hazard Emergency Operations Planning, State and Local Guide (SLG) 101, September 1996

Emergency Response Coordinator

A person who is authorized to and charged with the responsibility of orchestrating the activities described in the agency's emergency response plan. Consequently, the emergency response coordinator (ERC) must be knowledgeable regarding all aspects of the response plan. The ERC must, by training and experience, be able to assess the degree of the emergency and to determine appropriate initial action. During an emergency the ERC would be expected to coordinate personnel and resources, report on the evolving situation, and monitor the adequacy of the

response. In addition, the ERC should represent the agency at meetings, conferences, and workgroups convened to develop and update the emergency response plan. ERC would also attend de-briefings after emergencies to identify deficiencies in the current plan and make recommendations to improve the plan based on those observations. A job description defining the duties, responsibilities, knowledge, skills, and abilities required should be composed for the ERC position, regardless of whether the ERC is a primary or secondary role for the person assigned to it.

Emergency Response Plan

A plan to respond to bioterrorism, other outbreaks of infectious diseases and, other public health threats and emergencies.

http://www.fema.gov/rrr/gaheop.shtm
http://www.fema.gov/rrr/pte052101.shtm

Environmental Surveys

Assessments conducted to identify health hazards in the environment. A health hazard is an existing or likely condition, inherent to the operation, maintenance, transport or use of material that can cause death, injury, acute or chronic illness, disability, or reduced job performance by exposure to physiologic stress. Hazards can be classified as:

Chemical: e.g., hazardous materials that are flammable; corrosive; toxic; carcinogens or suspected carcinogens; systemic poisons; asphyxiants, including oxygen deficiencies; respiratory irritants

Physical: e.g., acoustical energy, heat or cold stress; ionizing and non-ionizing radiation

Biological: e.g., bacteria, fungi, etc.

Ergonomic: e.g., lifting requirements, task saturation, etc.

http://www.ssq.org/docs/TASK207.HTM
http://www.cdc.gov/nceh/ehserv/ephs/wkshop/
  w1consen.htm

Epidemic Information Exchange (*Epi –X*)

A secure web-based communications network for public health officials to exchange sensitive information relevant to epidemiologic investigation and study. The program is available to epidemiologists, laboratorians, and other authorized public health officials. It is expected that state and local public health officials, while using Epi-X, will also ensure that information is shared directly with each other, as appropriate.

Epidemiologist

A professional skilled in disease investigation. A trained, experienced epidemiologist can design and conduct epidemiological studies, analyze data to detect patterns and trends in disease, establish and maintain surveillance systems, monitor health status, and evaluate the performance and cost effectiveness of public health programs.

Geographic Information Systems (GIS)

A computer system capable of assembling, storing, manipulating, and displaying geographically referenced data (i.e., data identified according to their locations). Practitioners also regard the total GIS as including operating personnel and the data that go into this system.

http://www.usgs.gov/research/gis/title.html

Epidemiology Response Coordinator

An epidemiologist who plans and coordinates the agency's emergency epidemiology response with other public health system partners. This epidemiologist also leads and conducts epidemiologic investigations, analyzes and interprets data, and designs epidemiologic studies during emergencies.

Hazard/Risk Assessment

An inventory and appraisal of the hazards, risks, and vulnerabilities in the public health agency's jurisdiction which, if improperly managed or targeted in a terrorist attack, would pose a serious and credible threat to public's health. Examples include: chemicals stored in pesticide, pharmaceutical, munitions, or chemical manufacturing plants, the presence of fireworks vendors, school and university chemistry labs, nuclear power plants, water treatment and distribution centers, food manufacturing plants, ventilation systems of large occupancy facilities, dams, and levies, etc. The results of the assessment process should be to determine the personnel, resources, training, and equipment necessary to plan for and respond to emergency situations involving identified hazards.

Fiscal Year 1999 State Domestic Preparedness Equipment Program (aka DOJ Survey, 1.2.1)

Hazardous Substances Emergency Events Surveillance (HSEES)

State-based surveillance system maintained by the Agency for Toxic Substances Disease Registry (ATSDR) to describe the public health consequences associated with the release of hazardous substances. Data collected for the system include general information on the event, substance(s) released, victims, injuries, and evacuations.

ATSDR HSEES Annual Report, 1996

Health Alerts

Messages that notify health officials regarding matters of public health importance. Messages can be conveyed as text messages, such as e-mail alerts or as an electronic notification instructing recipients where to obtain alert information, such as a page or telephone message directing recipients to log on to a website to read the alert. Health Alerts from CDC are designated with the following levels of urgency:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; no immediate action necessary.

Health Physicist

A health practitioner engaged in the interdisciplinary science of health physics. Health physics applies relevant aspects of physics, biology, chemistry, statistics, and electronic instrumentation to protect humans and the environment from effects of radiation.

Homeland Security Advisory System

A national framework for communicating level of security threat from terrorist attacks.

Red – Severe risk

Orange – High risk

Yellow – Significant risk

Blue – Guarded risk

Green – Low risk

http://www.whitehouse.gov/news/releases/2002/03/20020312-1.html

Incident Command System/Unified Command (IC/UC)

The model for command, control, and coordination of resources at the scene of an emergency and a management tool consisting of procedures for organizing personnel, facilities, equipment, and communications at the scene.

http://oep.osophs.dhhs.gov/dmat/resource/ICS/

Joint Information Center (JIC)

A center established to coordinate the public information activities on-scene. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating federal, state, and local agencies and organizations should co-locate at the JIC.

Federal Emergency Management Agency

Laboratory Levels (A, B, C, D)

Level A Laboratory

Level A laboratories are public health and hospital laboratories with a certified biological safety cabinet as a minimum. These laboratories have the ability to rule out specific agents and to forward organisms or specimens to higher-level laboratories for further testing.

Level B Laboratory (Core Capacity)

Level B laboratories are state and local public health laboratories with Biosafety Level (BSL) 2 facilities that incorporate BSL-3 practices and maintain the proficiency to adequately process environmental samples, rule in specific agents, and perform confirmatory and antibiotic susceptibility testing. These laboratories can identify appropriate higher-level laboratories and can forward samples to them for further testing.

Level C Laboratory (Advanced Capacity)

Level C Laboratories are BSL-3 facilities with the capability to perform nucleic acid amplification, molecular typing, and toxicity testing. Level C laboratories can conduct all tests performed in Level B laboratories and can provide surge capacity, when needed. Additionally, these laboratories will evaluate reagents and tests to facilitate their transfer for use in Level B laboratories.

Level D Laboratory

Level D Laboratories can conduct all tests performed in Levels A, B, and C laboratories. They can validate new assays, detect genetic recombinants, provide specialized reagents, securely bank isolates, and possess BSL-3 and BSL-4 biocontainment facilities. For bioterrorism events affecting civilian populations, CDC is the Level D laboratory.

Public Health Response to Biological and Chemical Terrorism

Interim Planning Guidance for State Public Health Officials

http://www.bt.cdc.gov/Documents/Planning/PlanningGuidance.PDF

Level A Laboratory Protocols

http://www.bt.cdc.gov/LabIssues/index.asp
http://www.tdh.state.tx.us/bioterrorism/Facts/Lab/
   Anthrax_protocol.html

Management Academy for Public Health

http://www.maph.unc.edu/

Medical Management Information for Critical Agents

Written materials, which describe how to 1) recognize the signs and symptoms produced by critical agents, 2) evaluate patients having such signs and symptoms, and 3) provide medical care for such patients.

http://www.nbc-med.org/SiteContent/medRef/
   OnlineRef/FieldManuals/medman/Handbook.htm
http://ndms.dhhs.gov/CT_Program/Response_
   Planning/response_planning.html

Medical Operations Center

A medical operations center functions as a "mini" Emergency Operations Center (EOC) adjunctive to the larger multi-disciplinary EOC, but not necessarily co-located with it. In times of emergency, a medical operation center is a hub of activity for hospital and health care professionals tasked with coordinating medical assets. The advantage of configuring a medical operation center is to concentrate health care professionals in a common location to facilitate communication and decision-making among them. A medical operation center is not an official Federal Emergency Management (FEMA) construct, but rather a concept born from disaster experience with proven value in the context of an EOC.

Metropolitan Medical Response System (MMRS)

The Metropolitan Medical Response System program was originated in 1996 and is managed by the Office of Emergency Preparedness (OEP). The primary focus of the MMRS program is to develop or enhance existing emergency preparedness systems to effectively manage a weapons of mass destruction (WMD) incident. This includes both biological and chemical threats. The goal is to coordinate the efforts of local law enforcement, fire, HazMat, EMS, hospital, public health and other personnel to improve response capabilities in the event of a terrorist attack.

http://www.mmrs.hhs.gov/

Metropolitan Statistical Areas

An MSA consists of one or more counties that contain a city of 50,000 or more inhabitants, or contain a Census Bureau-defined urbanized area (UA) and have a total population of at least 100,000 (75,000 in New England). Counties containing the principal concentration of population-the largest city and surrounding densely settled area-are components of the MSA. Additional counties qualify to be included by meeting a specified level of commuting to the counties containing the population concentration and by meeting certain other requirements of metropolitan character, such as a specified minimum population density or percentage of the population that is urban. MSAs in New England are defined in terms of cities and towns, following rules concerning commuting and population density.

http://www.census.gov

Model State Emergency Health Powers Act

http://www.publichealthlaw.net/MSEHPA/MSEHPA.pdf

National Disaster Medical System (NDMS)

The National Disaster Medical System (NDMS) is a cooperative asset-sharing program among Federal government agencies, state and local governments, and the private businesses and civilian volunteers to ensure resources are available to provide medical services following a disaster that overwhelms the local health care resources. The National Disaster Medical System (NDMS) is a Federally coordinated system that augments the Nation's emergency medical response capability. The overall purpose of the NDMS is to establish a single, integrated national medical response capability for assisting state and local authorities in dealing with the medical and health effects of major peacetime disasters and providing support to the military and Veterans Health Administration medical systems in caring for casualties evacuated back to the U.S. from overseas armed conflicts.

National Electronic Disease Surveillance System (NEDSS)

http://www.cdc.gov/od/hissb/act_int.htm

National Guard Weapons of Mass Destruction: Civil Support Teams

The Civil Support Team mission is to assess a suspected weapons of mass destruction attack, advise civilian responders in support of the incident commander, and facilitate the arrival of additional state and Federal military forces.

http://call.army.mil/products/nftf/novdec01/
   novdec01ch1.htm
http://www.ngb.dtic.mil/downloads/fact_sheets/
   wmd.shtml

National Pharmaceutical Stockpile (NPS)

The mission of CDC's National Pharmaceutical Stockpile (NPS) Program is to ensure the availability and rapid deployment of life-saving pharmaceuticals, antidotes, other medical supplies, and equipment necessary to counter the effects of nerve agents, biological pathogens, and chemical agents. The NPS Program stands ready for immediate deployment to any U.S. location in the event of a terrorist attack using a biological toxin or chemical agent directed against a civilian population.

Notifiable Conditions

Conditions of public health interest as determined by each state. Each state lists notifiable diseases in accord with the contagiousness, severity, or frequency of the conditions. Most states adhere to the list of nationally notifiable diseases recognized by the Council of State and Territorial Epidemiologists (CSTE). States, however, are at liberty to compile their own lists, which typically include communicable diseases, traumatic injuries, and cancers. Occasionally a state might include conditions such as animal bites, reflecting the severity of the problem in the state.

Packaging and Shipping Regulations

Summary of federal regulations for shipping infectious/dangerous agents. (See also Select Agents Rule)

http://www.bt.cdc.gov/LabIssues/PackagingInfo.pdf

PATRIOT Act

An act of the 107th congress passed October 2001 to deter and punish terrorist acts in the United States and around the world, to enhance law enforcement investigatory tools, and for other purposes described in the act. The short title is Uniting and Strengthening America by Providing Tools Required to Intercept and Obstruct Terrorism (US PATRIOT ACT).

http://www.fas.org/irp/crs/RS21203.pdf
http://www.cdt.org/security/usapatriot/011026usa-patriot.pdf

Personal Protective Equipment

Protection for employees from the risk of injury by creating a barrier against workplace hazards.

http://www.cdc.gov/od/ohs/manual/pprotect.htm
http://www.cdc.gov/niosh/npptl/default.html

Public Health Information Technology Functions and Specifications (IT Functions and Specifications)

A document for information technology that describes the capacities necessary to have a secure, coordinated public health system capable of acquiring, managing, analyzing, and disseminating public health information. The document includes a delineation of functions performed by CDC and its partners, IT industry standards, and detailed specifications.

http://www.cdc.gov/cic/functions-specs/

Public Health Leadership Institute

http://www.phli.org/

"Reverse 911" Messaging

A communications product of Sigma Micro Corporation that establishes a virtual calling network. This innovative system enables public safety agencies to telephone community residents with recorded messages informing them of emergencies, hazards, major road closures, or other important matters relevant to public health and public safety. The system is built on a database of local resident and business phone numbers.

Risk Communication

Effective risk communication attends to both message content and message delivery. With respect to message content risk communication is an interactive process among individuals, groups and institutions. The reason acceptable message content involves a process is well expressed in a treatise on Risk Communication by Mike Campbell, professor of medical statistics, Institute of General Practice and Primary Care, Sheffield University:

"When risks are unavoidable but controllable, then a consensus has to be developed as to what is acceptable".

Risk communication protocols ought to be established given the importance of tracking message delivery in an emergency. Well-developed protocols address such elements as: 1) who is authorized to speak and issue written messages on behalf of the agency, 2) who is authorized to receive messages from various levels of leadership of other agencies 3) what is the chain of approvals for written messages, 4) what format will text messages use (e.g. date/time, who the message is to, who the message is from, nature of the problem, etc.), 5) how will calls, faxes, e-mail be sorted and logged, and 6) will confirmation of message read be required and how will confirmation be recorded.

http://www.shef.ac.uk/uni/projects/wrp/riskcom.html
http://www.dtra.mil/about/organization/finalreport.doc
http://www.inspection.gc.ca/english/corpaffr/publications/riscomm/riscomm_ch2e.shtml

Select Agent Rule

Department of Health and Human Services. 42 CFR Part 72. Additional requirements for facilities transferring or receiving Select Agents.

http://www.cdc.gov/od/ohs/lrsat/42cfr72.htm

Sentinel Health Care Providers

A network of selected providers who monitor disease activity in the general population through regular reporting. Sentinel providers, in aggregate, see a broad mix of patients who represent the population in age, gender, regional distribution, and degree of urbanization. Typical practice types which participate as reporting sites include offices of family physicians, internists, and pediatricians, as well as, emergency rooms, urgent care centers, student health centers, and health maintenance organizations. Generally, states have been asked to recruit one reporting site for every 250,000 people. Sentinel sites report on specific diseases using the Centers for Disease Control and Prevention (CDC) case definitions. For example, states participating in the sentinel surveillance system are asked to report cases of "influenza-like illness" or ILI. The CDC case definition for ILI is fever $> 100°$ F AND cough and/or sore throat (in the absence of a known cause). Sentinel providers report the total number of patient visits each week for the months October through May and the number of patient visits for ILI in each of the following age groups, each week, also for the months October through May: 0-4 years (preschool), 5-24 years (school age through college), 25-64 years (adult), > 65 years (older adults). Sentinel providers then transmit their data to a central data repository at CDC on a weekly basis between October and mid-May. In cases of ILI, sentinel providers are also asked to collect throat or nasopharyngeal swab specimens for virologic testing, usually send to the state public health laboratory for testing. Sentinels are asked to collect a minimum of 2-3 swabs during each of the following times and types of cases:

- ILI cases at 1) the beginning of the season (i.e. when ILI cases first begin presenting in increased numbers), 2) peak of the season, and 3) toward the season's end
- Unusual clinical cases or unusually severe cases
- Outbreak-related cases

In exchange for agreeing to act as sentinels, providers have Internet access, via assigned identification number and password, to view their own and regional sentinel provider data. The benefit to the community, of course, is having providers knowledgeable that influenza has entered the community.

Influenza Sentinel Physician Surveillance, Missouri Department of Health

Sentinel Veterinarians

A network of selected veterinarians who monitor disease activity in the animal population through regular reporting.

Special Populations

Special populations include persons who by reason of language barriers, living conditions, confinement, lack of transportation or other unique situations might require additional assistance to understand publicly issued instructions or obtain needed care, especially in times of emergency. Homeless persons, nursing home patients, mentally ill or mentally retarded individuals living in group residential homes, students in university dorms, juveniles in detention centers, prisoners and migrant laborers are examples of special populations.

Standard Data Vocabularies

Sets of data, the attributes of which have consistent structure and semantic meaning within a particular industry or community of practice. Since their meaning is consistently understood within the industry, the data can be easily exchanged among multiple sources, aggregated, and analyzed with a high degree of reliability that information derived from these composite data is valid. SNOMED and LONIC are examples of standard vocabularies.

Surveillance Systems

MMWR, July 27, 2001 / 50(RR13);1-35

Updated Guidelines for Evaluating Public Health Surveillance Systems

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013A1.htm

Suspicious Epidemiologic Features

- A rapidly increasing disease incidence (e.g. within hours or days) in a normally healthy human or animal population
- An epidemic curve that rises and falls during a short period or time
- An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints
- An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern
- Lower attack rates among people who had been in doors, especially in areas with filtered air or closed ventilation systems, compared with people who

had been outdoors

- Clusters of patients arriving from a single locale
- Large numbers of rapidly fatal cases
- Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential
- Clusters of patients with similar injuries

Training Needs Assessment

Information collected and analyzed to determine if performance problems can be solved through training. A well-designed training needs assessment identifies the following:

- What training is relevant to employees' jobs
- What training will improve performance
- If training will make a difference
- Distinguish training needs from organizational problems
- Link improved job performance with the organization's goals

http://www.amxi.com/amx_mi30.htm

Triage of Victims

The process of sorting patients based on priority of medical need.

http://www.acep.org/1,4716,0.html

Veterinary Medical Assistance Team (VMAT)

The Federal Response Plan tasks the National Disaster Medical System (NDMS) under the Emergency Support Function # 8 to provide assistance in assessing the extent of disruption and need for veterinary services following major disasters and emergencies. Veterinary Medical Assistance Teams (VMATs) are composed of private citizens who agree to be available for activation to federal service in fulfillment of this mission. Professionals from related disciplines comprise the VMATs including clinical veterinarians, veterinary pathologists, animal health technicians (veterinary technicians), microbiologists/virologists, epidemiologists, toxicologists, and various scientific and support personnel. VMATs come prepared to:

- Assess the medical needs of animals
- Treat and stabilize animal patients
- Provide animal disease surveillance and public health assessment
- Provide assistance to maintain or reestablish food and water safety migrate hazards
- Decontaminate animals
- Provide veterinary services for Secret Service dogs and search-and-rescue dogs

Additional Definitions for Focus Area G

Centers for Public Health Preparedness - one of a network of institutions funded by CDC "to ensure that frontline public health workers have the skills and competencies required to effectively respond to current and emerging health threats." In California, the only such Center is located at the University of California, Los Angeles. See http://www.bt.cdc.gov/documents/CPHPBrochure.pdf.

Distance Learning - "A system and a process that connects learners with distributed learning resources. While distance learning takes a wide variety of forms, all distance learning is characterized by the following: 1) separation of place and/or time between instructor and learner, among learners, and/or between learners and learning resources, and 2) interaction between the learner and the instructor, among learners, and/or between learners and learning resources conducted through one or more media; use of electronic media is not necessarily required." See http://www.phppo.cdc.gov/phtn/lingo.asp.